The questions included in the RSV Process Evaluation online survey are outlined below for your reference to identify areas where consultation with others within your clinical practice may be necessary.

Please do not fill this PDF document or return your responses by email.
***You may access the online survey by clicking the following link, or pasting the address in your browser*:**

SURVEY LINK

Infant and High-risk Children RSV Prevention Program Process Evaluation Survey for Primary Care Providers

About this survey

In 2024–25, Ontario expanded the publicly funded Infant and High-risk Children Respiratory Syncytial Virus (RSV) Prevention Program that was initially only offered to high-risk infants and children to include all infants in their first respiratory season and high-risk children up to 24 months of age. Changes to the program also included a switch from the previous monoclonal antibody, Synagis® (palivizumab), to a new monoclonal antibody, Beyfortus® (nirsevimab), as well as covering the RSV vaccine Abrysvo™ (RSVpreF) to pregnant persons for the passive protection of their infants.

Public Health Ontario (PHO) is conducting this survey to evaluate the implementation of the 2024-25 Infant and High-risk Children RSV Prevention Program across Ontario. We are interested in learning about the resources and procedures to implement the expanded program, any barriers and facilitators that were experienced, and if there are opportunities for improvement for the 2025-26 season.

This survey can be filled out by primary care providers (e.g., nurse practitioners, pediatric primary care physicians, or family physicians) who participated in the Infant and High-risk Children RSV Prevention Program).

If the act of immunization was delegated to a colleague (e.g. registered nurse), then please consider asking them to complete the survey. The intent of this survey is to collect information from you in your business, professional or official capacity. You are encouraged to consult with other members of your practice who were involved in the implementation of the program. **Please do not disclose personal information or personal health information.**

This survey should take approximately **10 minutes** to complete. The deadline for submission is **May 2, 2025**. Note that your responses will remain anonymous, and results be summarized in aggregate form.

A summary report of the findings from this survey will be shared with the Ministry of Health to inform the future years of the Infant and High-risk Children RSV Prevention Program and may also be shared publicly through the PHO website and/or academic outputs.

Thank you in advance for taking the time to complete the process evaluation survey!

Notice of Collection

Participation in this survey is voluntary and by completing the questionnaire, you authorize the collection of this information. You can refuse to participate or withdraw from the survey at any time. Data collected up to the point of withdrawal will be retained by PHO. This information will only be disclosed as permitted or required by law.

Please be aware that information in connection with your response to the survey will be stored on PHO servers or secure external servers, located in Canada, throughout the data lifecycle (e.g., collection process, use for analysis, retention), and is governed by PHO Terms of Use. Access to data stored on PHO servers or secure external servers will be limited to only authorized external administrators, survey administrators and PHO staff involved in this initiative. Data will be retained by PHO for 7 years before they are permanently deleted. For questions regarding the completion of the survey or the collection of information related to this survey, please contact evaluate@oahpp.ca.

Survey Questions

Part A: The following questions aim to collect information about you and your clinical practice.

1. Please indicate your specialty:
   - Family physician
   - Pediatric primary care
   - Nurse practitioner
   - Registered nurse
   - Other: [open-end]

2. How many years have you been in practice?
   - 1 – 5 years
   - 6 – 10 years
   - 11 – 15 years
   - 16 – 20 years
   - 20+ years

3. Please describe your practice setting:
   - Solo practice
   - Co-located group practice
   - Group practice, multiple sites
   - Community Health Centre (CHC)
   - Other: [open-end]

4. Please indicate your practice funding model:
    - Fee-for-Service (FFS)
    - Comprehensive Care Model (CCM)
    - Family Health Group (FHG)
    - Family Health Network (FHN)
    - Family Health Organization (FHO)
    - Salary
    - Other: [Open-end]

5. Please indicate the health unit in which your practice is located:
    - Algoma Public Health
    - Chatham-Kent Public Health
    - Durham Region Health Department
    - Eastern Ontario Health Unit
    - Grand Erie Health Unit
    - Grey Bruce Public Health
    - Haliburton Kawartha Northumberland Peterborough Health Unit
    - Halton Region Health Department
    - Hamilton Public Health Services
    - Huron Perth Public Health
    - Lambton Public Health
    - Middlesex-London Health Unit
    - Niagara Region Public Health
    - North Bay Parry Sound District Health Unit
    - Northeastern Health Unit
    - Northwestern Health Unit
    - Ottawa Public Health
    - Peel Public Health
    - Renfrew County & District Health Unit
    - Simcoe Muskoka District Health Unit
    - South East Health Unit
    - Southwestern Public Health
    - Sudbury & District Health Unit
    - Thunder Bay District Health Unit
    - Toronto Public Health
    - Region of Waterloo, Public Health
    - Wellington-Dufferin-Guelph Public Health
    - Windsor-Essex County Health Unit
    - York Region Public Health Services

6. Did you (or a member of your practice, as a delegated act) administer nirsevimab to eligible infants or children in your clinic during the 2024 – 2025 season?
    - Yes
    - No

[If no, proceed to question #6 then exit survey (i.e., thank you page)]

7. Why was nirsevimab not administered in your clinic? Select all that apply.
    - Unaware of the expanded Infant and High-risk Children RSV Prevention Program
    - Lack of demand
    - Refusal by parents/guardians of eligible infants and children when nirsevimab was offered
    - No eligible infants/children under your care
    - Challenges identifying eligible infants/children
    - Other: [open-end]

[If yes, continue with Part B]

Part B: Please respond to the following section based on your experience with the 2024 – 25 Infant and high-risk children RSV prevention program.

8. When did your clinic start immunizing eligible infants and children with nirsevimab as part of the 2024-25 RSV prevention program?
    - October 2024
    - November 2024
    - December 2024

9. In your clinic, what was the approximate uptake of nirsevimab among eligible infants *born in 2024 prior to the start of the Infant and High-risk Children RSV program*?
    - I don't know
    - 0
    - 1 – 25%
    - 26 – 50%
    - 51 – 75%
    - 76 – 100%

10. Rate the frequency of the following scenarios in your clinical practice [1 = never; 5 = Always]
    - Parent/guardian-led requests for information on nirsevimab
    - Parent/guardian-led requests to administer nirsevimab for their infant/child
    - Parents/guardians were offered nirsevimab during well-baby visits
    - Clinic-led outreach to parents/guardians of infants born *prior* to the RSV season
    - Clinic-led outreach to parents/guardians of infants born *during* the RSV season, but did not receive nirsevimab in the hospital or were born outside of the hospital setting
    - Midwives communicated need for nirsevimab for infants born under their care outside of the hospital setting
    - Hospital staff communicated need for nirsevimab for infants born in the hospital setting who did not receive it at birth

11. When did you administer nirsevimab? Select all that apply:
    - During well-baby visits
    - During appointments for other medical reasons
    - During appointments made specifically for nirsevimab administration
    - Other, please specify: [open-end]

12. Did you bill or shadow bill the Ontario Health Insurance Plan (OHIP) for nirsevimab immunization?
    - No
    - Yes
        - If so, please indicate which billing code was used: [open-end]

13. Were parents/guardians encouraged to share nirsevimab administration data with their local PHU?

- Yes
- No

Part C: This section will ask about human and financial resources, as well as the facilitators and barriers to effective program implementation in your clinic.

14. How challenging was it to incorporate the expanded infant RSV prevention program into your clinical practice? (Rate 1=Very challenging, 5= Not at all challenging)

15. Which provincial- or health unit-level supports or facilitators were most helpful in implementing the RSV vaccination program? Select the top 3 facilitators:
    - Communication regarding the program from your local public health unit
    - Support from public health units regarding questions/concerns
    - Scientific resources from the Ministry and/or your local public health unit
    - Logistics support (e.g., vaccine ordering, delivery)
    - Other: [open-end]
    - None; I did not find provincial or public health unit- supports helpful in program implementation.

16. A) Please indicate the major barriers/challenges your practice faced in implementing the infant and high-risk children RSV prevention program? Select the top 5 barriers experienced by your clinic:
    - Lack of sufficient time to prepare for program implementation
    - Insufficient staff capacity or availability to support infant RSV immunization in the clinic
    - Limited availability of financial resources to support infant RSV immunization in the clinic
    - Insufficient storage capacity for nirsevimab supply in the clinic
    - Timing of RSV immunization program launch relative to fall vaccination campaigns (e.g., influenza)
    - Eligibility criteria for nirsevimab were unclear
    - Challenges identifying eligible infants under your care who were born prior to the start of the RSV program
    - Challenges identifying infants born during the RSV season under your care who did not receive nirsevimab in the hospital or were born outside of the hospital setting
    - Availability of supporting materials
    - Challenges with ordering nirsevimab
    - Other: [open-end]

B) Please provide details regarding your responses above (optional): [open-end]

Part D: The following questions focus on your clinic's activities surrounding education and counselling about the Infant and High-risk Children RSV Prevention Program (starting **October 2024)**.

17. If you provide care to pregnant individuals, did you offer prenatal counselling on RSV prevention?

- I do not provide care to pregnant individuals in my practice.
- Yes, I provided prenatal counselling on RSV prevention
- No, I did not provide prenatal counselling on RSV prevention

[If yes, the following 2 questions]

a) Prior to counselling, were pregnant individuals generally aware of Abrysvo—a vaccine indicated for use in pregnancy for RSV prevention in infants?
    - Never
    - Rarely
    - Often
    - Always

b) Following counselling, was there a general preference among pregnant individuals for the maternal vaccine (Abrysvo) compared to the monoclonal antibody (nirsevimab) for infants?
    - I did not discuss Abrysvo with my patients due to recommendations (e.g., NACI, Ontario Ministry of Health) to prioritize the use of nirsevimab to protect infants from RSV.
    - There a preference for Abrysvo, the maternal vaccine during pregnancy
    - There was a preference for Nirsevimab, the infant monoclonal antibody
    - No clear preference between the two options.

18. Did you provide counselling on RSV prevention with nirsevimab to parents/guardians of infants born in 2024 or eligible high-risk children? [Yes/No]

[If yes, next 4 questions]

a) Approximately how long (in minutes) do you spend on counselling per client? [number]
b) Were parents/guardians aware of the availability of nirsevimab for infants?
    - Never
    - Rarely
    - Often
    - Always
c) Did awareness of the nirsevimab program increase over time?
    - Yes
    - No
    - I don't know
d) Overall, how would you rate parents'/guardians' baseline knowledge of nirsevimab (e.g., purpose, what it is)? [1 = poor, 5 = excellent]
e) What educational materials were provided to parents/guardians, if any?
    - None
    - Discussion only
    - Referred to the Ministry's RSV website
    - Materials from the pharmaceutical company
    - Other, please specify: [open-end]

Part E: This section includes questions regarding the perception of nirsevimab by health care providers and the general public.

19. Overall, what was the perception of nirsevimab by parents/guardians of eligible infants/high-risk children? [1 = poor/low acceptability, 5 = excellent/high acceptability]

20. What were the most common concerns raised by parents/guardians? Select all that apply:
    - Potential side-effects of nirsevimab
    - Uncertainty about the benefits of nirsevimab
    - Unfamiliarity with the risks of RSV in infants
    - Co-administration with other routine infant vaccines
    - Hesitancy due to unfamiliarity with new product and expanded eligibility
    - Unclear infant/child eligibility criteria
    - Other: [open-end]

Part F: This section focuses on the co-administration of nirsevimab with routine infant vaccines.

21. Did you co-administer nirsevimab with routine infant vaccines? [Always/Sometimes/Never]

    [If Sometimes or Never]
    a) Why was nirsevimab not co-administered with routine infant vaccines? Select all that apply.
        - Parent/guardian preference to not co-administer nirsevimab with vaccines
        - I had concerns regarding potential interactions with vaccines
        - I had concerns regarding potential side-effects
        - Nirsevimab administration tended to occur outside of well-baby visits
        - Other, please specify: [open-end]

Part G: The following set of questions aims to understand adverse event reporting for nirsevimab.

22. What was the most common adverse event associated with nirsevimab observed in your clinic?
    - I did not observe any adverse events following nirsevimab administration
    - Redness, swelling or pain at injection site
    - Fever
    - Rash
    - Other: [open-end]

23. Did you report any adverse events associated with nirsevimab? [Yes/No]

    [If yes]
    a) Where was it reported? [open-end]

Part H: This section will ask about the vaccine delivery system and logistics of the 2024 – 2025 Infant and High-risk Children RSV Prevention Program.

24. Please rate your level of agreement with the following statements on the vaccine delivery and logistics: (1 = Strongly disagree, 5 = Strongly agree)
    a) The delivery of nirsevimab supply was timely relative to when it was ordered
    b) The delivery of nirsevimab supply was timely relative to when RSV seasonal activity increased
    c) The ordering platform was easy to use
    d) There was delay in implementing the program due to supply challenges

Part I: Please provide suggestions on how the Infant and High-risk Children RSV Prevention Program may be improved in the future.

25. What recommendations would you provide to improve the implementation of the 2025-26 Infant and High-risk Children RSV Prevention Program? [open-end]

Thank you for your participation!